

CITY OF BURLINGTON
JIGGS ASKEW MEMORIAL BARK PARK APPLICATION
AND
ACCEPTANCE OF RISK AND RELEASE OF LIABILITY

Rabies Vaccination #:_____

Name of Owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (daytime): _____ (evening): _____

Acceptance of terms and conditions. Acceptance of risk and release of liability.

I (We) hereby acknowledge that I (We) have voluntarily applied to participate and use, with my (our) dog(s), the area designated as Jiggs Askew Memorial Bark Park operated by the City of Burlington. I (We) understand that unleashing my (our) dog(s) and being physically present at the Jiggs Askew Memorial Bark Park involves risks of injury to me (us), any individual accompanying me (us), other people, my (our) dog(s) and other dog(s), including but not limited to, risks resulting from aggressive dog(s), unpredictable behavior, and lack of training. I (We) further understand and assume that despite the efforts of the City of Burlington to ensure owners have complied, there is a risk that not all dogs present in the dog park have completed the City of Burlington's registration process and may not be vaccinated for rabies. Additional risks include, but are not limited to: dog fights; dog bites; theft or unlawful capture; escape over and under fences; vegetation or standing water that may be unhealthy or poisonous if consumed; burrs or seeds that may become lodged in the dog's (dogs') coat, feet, eyes, nose, or ears; mosquitoes; ticks; chiggers; fleas and other insects; and wildlife typically found in a park such as snakes, raccoons, opossums, etc. It is my (our) understanding that use of the Jiggs Askew Memorial Bark Park is self-directed and not directly supervised by an agent or employee of the City of Burlington. I (We) assume all risks associated with using the Jiggs Askew Memorial Bark Park, including fixtures and equipment, in an unsupervised and self-directed manner.

By signing this Release, I (We) agree to indemnify and save harmless the City of Burlington, its agents, officers, and employees and assigns from and against all loss, cost, damages, expense, and liability resulting from my (our) use of the Jiggs Askew Memorial Bark Park, including death, sickness, injury, and disease to any person(s) our dog(s), or destruction to property, real or personal, arising directly from my (our) use of the Jiggs Askew Memorial Bark Park.

By submitting this application and required vaccination (rabies) number, I (We) hereby acknowledge that the information provided is accurate and truthful to the best of my knowledge. I (We) realize that falsification of information may result in revocation of Jiggs Askew Memorial Bark Park use privileges. I (We) realize use of the Jiggs Askew Memorial Bark Park may be revoked for noncompliance of its rules, regulations, and conditions.

**I (We) have carefully read this Release of Liability and understand, agree with
and accept its terms and conditions.**

Signature(s): _____ Date: _____

Dog(s) Breed: _____ Dog(s) Name: _____